

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a
write-in candidate:

Write-in candidate

MAY 25 AM 10:55

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, ELIZABETH YIACHOS

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MOSQUITO CONTROL SEAT # 2
(Office) (District #)

SEAT # 2 ; I am a qualified elector of COLLIER County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 129272938

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Signature of Candidate [Signature] Telephone Number (917) 821-4000 Email Address AMAS.HOLDINGS@YAHOO.COM

Address 860 6TH AVENUE City NAPLES State FL ZIP Code 34102

STATE OF FLORIDA

COUNTY OF Collier

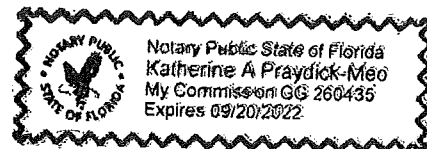
[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 24
day of May, 2022.

Personally Known: or Produced Identification: _____

Type of Identification Produced: DL



**AFFIDAVIT OF INTENT
COLLIER COUNTY SPECIAL DISTRICT CANDIDATE**

State of Florida
County of Collier

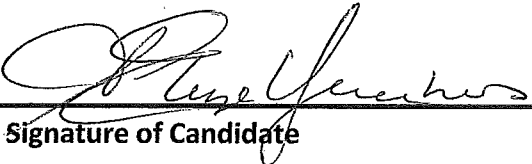
I, ELIZABETH YIACHOS, a candidate for the special district office of:
(print name)

MOSQUITO CONTROL in the General Election understand
(Office and Seat Number)

that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes 99.061 or 106.07 and, therefore I am prohibited from collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign. I am also prohibited from making any expenditures on behalf of my candidacy.

In the event I later decide to collect, solicit, or accept any money or contribution(s) in-kind, or make any expenditure on behalf of my candidacy, I understand that I will be required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository) with the Collier County Supervisor of Elections prior to such action. Upon filing form DS-DE 9 my campaign will then be subject to all provisions of Chapter 106 Florida Statutes including the requirement to file periodic campaign treasurer's reports.

X 
Signature of Candidate

MAY 24, 2022
Date

860 10th AVENUE
Address

(917) 821-4000
Phone

NAPLES
City

34102
Zip Code

AMAS@HOLDINGS@YAHOO.COM
email address

Received \$25.00 Cash for Qualifying for Mosquito
Control

May 26, 2022

A handwritten signature in black ink, appearing to read 'DB Carpenter', with a long horizontal flourish extending to the right.

David B Carpenter

Collier Elections

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

YIACHOS - - ELIZABETH

MAILING ADDRESS :

860 6th Avenue #1944

NAPLES 34102

CITY : ZIP : COUNTY :

NAME OF AGENCY :

MOSQUITO CONTROL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT SEAT #2

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A	N/A	N/A

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

YIACHOS - - ELIZABETH

MAILING ADDRESS :

860 6th Avenue #1944

NAPLES 34102

CITY : ZIP : COUNTY :

NAME OF AGENCY :

MOSQUITO CONTROL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT SEAT #2

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A	N/A	N/A

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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